



KS Vaccine Distribution Local Health Dept. Manual Version 4 – March 31, 2021

Note: This is a living document accurate as of the above date. It will be updated and re-distributed as guidance changes in line with federal supply.



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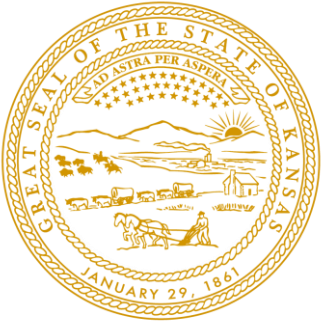


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Current vaccine context

Where we are today

While the number of COVID-19 cases, hospitalizations, and deaths continue to climb, we now **have three vaccines available via Pfizer-BioNTech, Moderna, and Johnson & Johnson**

As of March 31, 2021, over 147 million vaccine doses have been administered nationally, including **nearly 1.2 million doses administered in Kansas**

The path ahead remains quite complex, including the need for prioritization of Kansans, strategic management of variable vaccine supply, and the burden of managing boost dose administration for Pfizer and Moderna vaccines

Each week, **the federal government awards Kansas a portion of the nationally available vaccine** based on Kansas's share of the US population. The amount awarded to Kansas must then be then allocated to points of distribution across the state.

States, along with providers and local health departments, should be prepared to respond nimbly to **changing vaccine supply environments**, in response to changes in federal vaccine supply or new vaccines

We will work together to rigorously ensure a fair and effective rollout – **lives and livelihoods depend on how fast we end the fight against COVID-19**

Overview of Pfizer, Moderna, and J&J vaccine requirements and resources

	Pfizer-BioNTech (CDC page , training)	Moderna (CDC page , training)	Johnson & Johnson (CDC page , training)
Population safety	Authorized and recommended for those aged 16+	Authorized and recommended for those aged 18+	Authorized and recommended for those aged 18+
Shipping	Min. order size is 195 vials with 6 doses each (~1,170 doses), also comes with ancillary supplies	Min. order size is 10 10-dose multidose vials (~100 doses), also comes with ancillary supplies	Min. order size is 20 5-dose multidose vials (~100 doses), also comes with ancillary supplies
Storage	<ul style="list-style-type: none"> Vaccine product information Storage & handling summary¹ EUA Factsheet (revised 2/25/21)¹ 	<ul style="list-style-type: none"> Vaccine product information Storage & handling summary EUA Factsheet (revised 12/20/20) 	<ul style="list-style-type: none"> Vaccine product information Storage & handling summary EUA Factsheet (revised 2/27/21)
Administration	<ul style="list-style-type: none"> Standing orders for administering vaccine Preparation and administration summary Mixing Diluent and vaccine infographic BUD guidance and labels Pre-vaccination checklist/screening for COVID-19 vaccines General CDC vaccine administration training materials VAERS Adverse Event Reporting V-Safe Health Checker 	<ul style="list-style-type: none"> Standing orders for administered vaccine Preparation and administration summary Pre-vaccination checklist/screening for COVID-19 vaccines General CDC vaccine administration training materials VAERS Adverse Event Reporting V-Safe Health Checker 	<ul style="list-style-type: none"> Standing orders for administered vaccine Preparation and administration summary Pre-vaccination checklist/screening for COVID-19 vaccines General CDC vaccine administration training materials VAERS Adverse Event Reporting V-Safe Health Checker
Boost doses	<ul style="list-style-type: none"> All persons must receive 2 doses of the Pfizer-BioNTech vaccine at least 21 days apart and as close to the recommended interval as possible Pfizer-BioNTech and Moderna are <i>not</i> interchangeable 	<ul style="list-style-type: none"> All persons must receive 2 doses of the Moderna vaccine least 28 days apart and as close to the recommended interval as possible Pfizer-BioNTech and Moderna are <i>not</i> interchangeable 	<ul style="list-style-type: none"> N/A, the Johnson & Johnson vaccine is single-dose



For detailed clinical directives on how to handle each vaccine, please review CDC and FDA web pages and complete training modules

1. Pfizer storage requirements were updated to allow undiluted frozen vials to be transported and stored at conventional temperatures commonly found in pharmaceutical freezers (-25°C to -15°C; -13°F to 5°F) for a period of two weeks. This is not reflected in the storage & handling summary – see EUA Factsheet for details.

Note: For the full URLs of each hyperlink, please consult the appendix

Effectiveness of COVID-19 vaccines

? **How effective is the COVID-19 vaccine? Can those who have completed 2 doses still spread COVID-19?**

Both the Pfizer-BioNTech and Moderna vaccines are ~95% effective at preventing people from getting sick with COVID-19 symptoms after two doses. The Johnson & Johnson vaccine is ~72% effective in the United States (64% overall) at preventing moderate to severe COVID-19 illness after one dose. The difference in real world efficacy compared to Pfizer and Moderna is likely to be minimal, as different results are driven by context differences in trials. Research is ongoing on whether vaccines also prevent asymptomatic infection and transmission. Experts are also working on expanding clinical studies for broader population groups ([CDC FAQs](#)).

? **Do patients need to keep wearing masks and avoiding close contact with others after completing vaccination?**

Yes. The CDC has recommended that people continue to wear masks that covers their nose and mouth and avoid close contact with others (social distancing). While experts learn more about COVID-19 vaccine protection and potential asymptomatic transmission, the public should use all the tools (hand washing, avoiding contact, masks) available to stop the pandemic.

? **What portion of our population needs to be vaccinated to achieve herd immunity?**

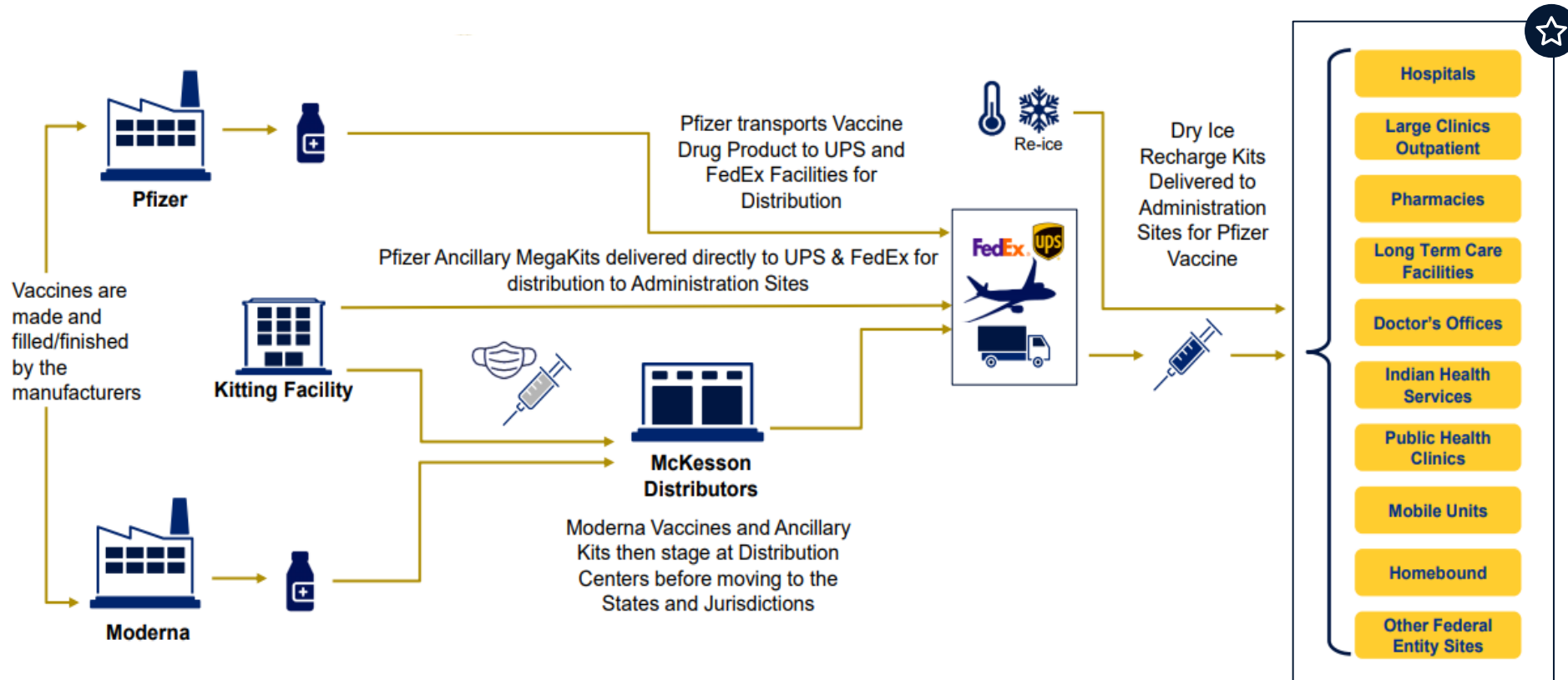
Experts do not know what percentage of people need to be vaccinated to achieve herd immunity from COVID-19. Herd immunity describes when enough people have protection that it is unlikely the virus can spread and cause disease (CDC). States will continue to aim to vaccinate as many people as possible.

For the full URLs of each hyperlink, please consult the appendix

The above information does not constitute policy or clinical guidance.

It merely summarizes information provided by the CDC regarding the current state of COVID-19 vaccine effectiveness and research.

Overview of vaccine distribution process from the federal to local level



Johnson & Johnson

J&J's vaccine is manufactured in their own facilities and will soon be produced by Merck as well.

Like the Moderna vaccine, McKesson is distributing the J&J vaccine. McKesson has established four distribution centers specifically for J&J.

Like both Pfizer and Moderna, the J&J vaccine is delivered via FedEx and UPS.



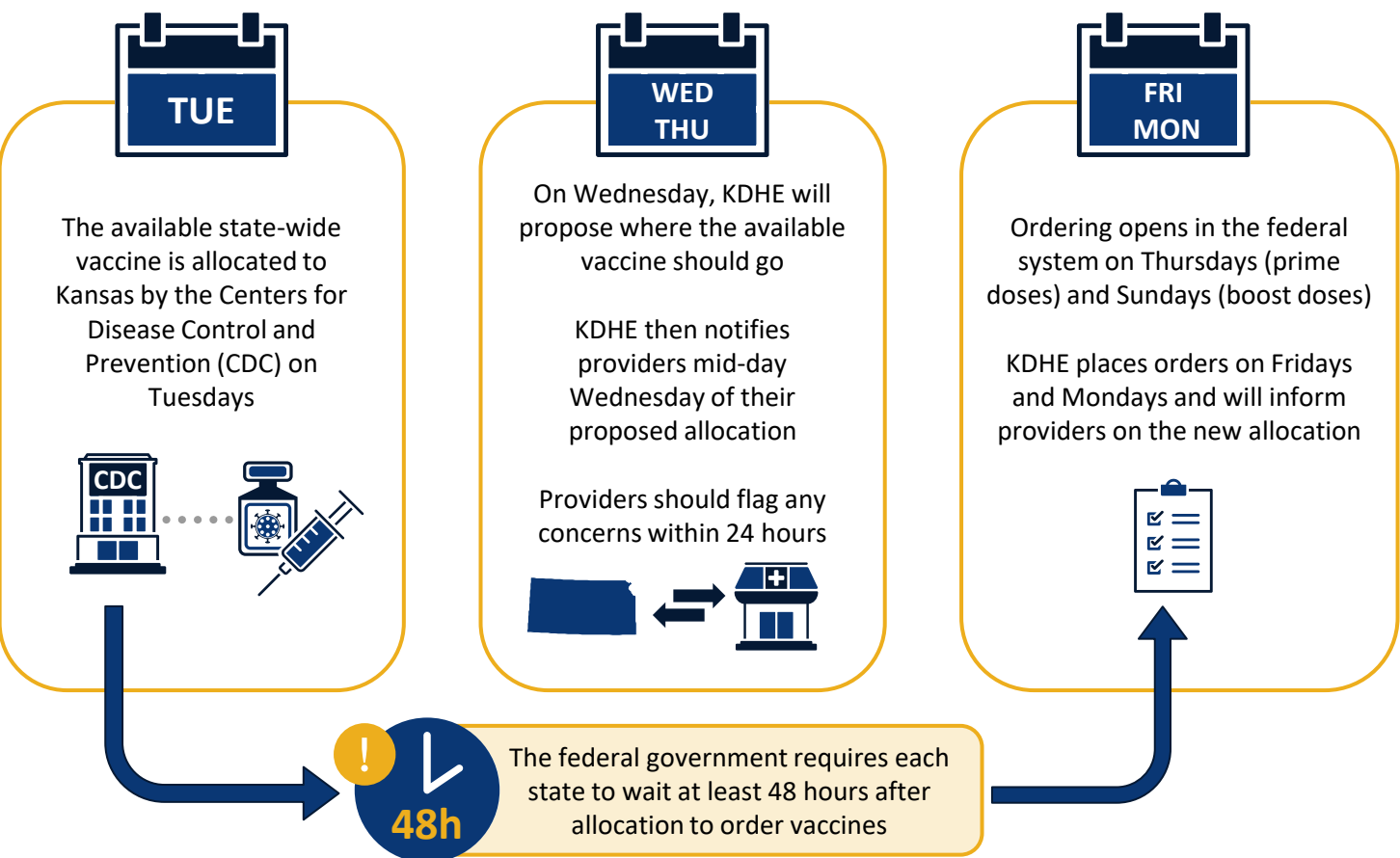
While the federal government manages the delivery of vaccine supply to providers, **state governments are responsible for determining distribution** (allocating available doses for providers and submitting orders to the federal government)

1. Within 5 days for Pfizer, 14 days for Moderna.

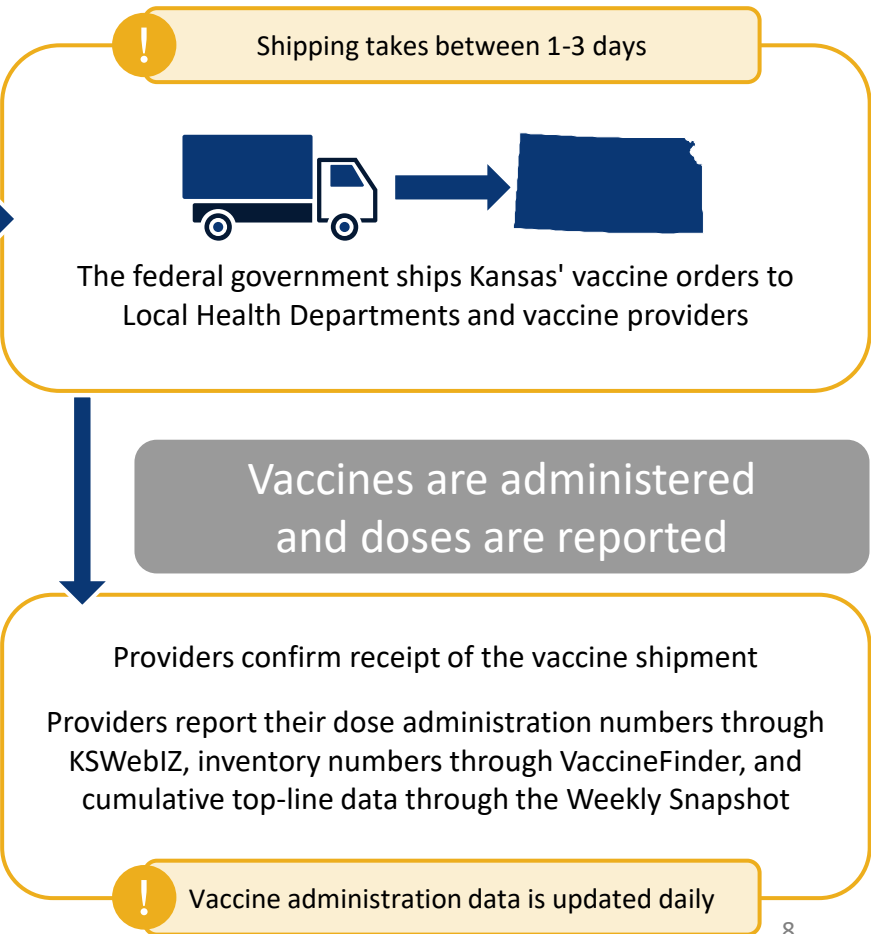
Source: "From Factory to the Frontlines – the Operation Warp Speed Strategy for Distributing a COVID-19 vaccine," Operation Warp Speed (OWS)

Overview of current vaccine allocation schedule

Vaccines are ordered



Vaccines are shipped





LHDs' role in vaccine distribution

Summary: Defining KDHE's role v. the LHDs' role in vaccine distribution

LHDs are both providers (administer vaccine) and local public health officials (support county operations), while KDHE owns central decisions on prioritization and allocation

	State / KDHE role	County / LHD role
1 Decision-making on prioritization and phases	Gov. L Kelly and Dr. L Norman will communicate the current phase for the state (and prioritized populations) based on the guidelines developed and vaccine administration to date.	LHDs should follow state guidelines on defining patient population groups and their phases and should not develop independent guidelines. However, LHDs have the flexibility to provide guidelines on sub-prioritizing populations within phase groups. Should there be available vaccine to do so, LHDs can discuss with KDHE if they are ready to move to the next phase based on county-specific needs. <i>KDHE approval is required to move ahead.</i>
2 Decision-making on allocations and delivery	Vaccines allocated to KS by the federal government will be distributed through two programs – state-run vaccination and direct county allocation. Counties weekly vaccine allocation will remain at least at the level of previous week, and counties will share in supply growth as far as possible.	LHDs have the option to submit a ranked list of the provider types they want to activate next. KDHE will activate providers according to LHDs' preferences whenever feasible. <i>See Appendix 4 for details.</i> LHDs should agree to KDHE's allocation to their counties and to target populations. LHDs may own allocation decisions within their counties – i.e., define how county allocation is distributed.
3 Decision-making on conducting transfers within counties	KDHE will defer to LHDs to determine when transfers are required and to carry out the logistics for transfers. Where possible, LHDs should request direct shipments to end-providers, rather than conduct on-the-ground redistribution of a county's allocations.	LHDs own transfer decision-making. LHDs must inform KDHE of any changes and ensure the transfer is logged in KSWebIZ and that vaccine is transferred according to cold chain requirements and other KDHE/CDC directives.
4 Carrying out delivery logistics for transfers within counties	Policies for safe vaccine delivery must be adhered to based on KDHE and CDC directives.	LHDs will support providers in carrying out the logistics of transfers in coordination with KDHE.
5 Administering the vaccine	KDHE provides oversight for ensuring the safety of and for tracking vaccine administration across all counties.	LHDs play a key role in leading the coordination of providers and community partners in their counties to administer the vaccine.

Navigating the patient prioritization phases in your county

LHDs as county public health officials

The State alone shall determine the current phase. Counties or LHDs shall not proceed to subsequent phases without express permission of State. Counties close to completion of current phase may see allocations temporarily reallocated to counties that still have large numbers of unvaccinated individuals in current phase in order to equitably vaccinate all priority populations across the state.

Such temporary reallocations could include, but would not be limited to, minimum allocations on frequency less than weekly (e.g., 100 doses every other week) or lower allocation than received historically, until such time that the entire state is ready to proceed to the next phase.

As LHDs, you may be asked to provide guidance to your county within phases and help manage vaccine transfers. We ask that...

You follow **central state guidelines on defining patient population prioritization phases**, rather than developing independent guidelines and decisions....



...however, you have **flexibility to decide relative sub-prioritization within phases** to manage demand within your county

You are comfortable with the fact that **counties may inevitably move at different rates**, given population size differences and the goal of speedy distribution...



...but also know that the KDHE **allocations process** will consider which counties have a greater share of their priority populations left when making allocation decisions to re-balance counties that may be behind in the phases

You recognize that **avoiding long-term storage or wastage of vaccine doses is a top priority**...



...so you work with providers in your county to **manage transfers as needed** and **coordinate with KDHE** to effectively manage supply and demand while remaining in the state-determined phase

Navigating patient prioritization guidelines (who to vaccinate)



The Kansas government has set forth the [following guidelines](#) to define population priorities and sequencing.

- The phases are guidelines for population prioritization to ensure that the most at-risk populations receive the vaccine first and that the vaccine is equitably administered, especially with limited vaccine supply.
- Gov. L Kelly and Dr. L Norman provide guidance on which phase the state is currently in but LHDs have flexibility to prioritize within sub-populations of a phase.
- Counties or LHDs shall not proceed to subsequent phases without express permission of State.
- The phases **should not be** rigid roadblocks to administering the vaccine and should not tie providers hands.

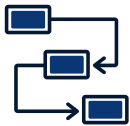


The Kansas government has also instituted a residency requirement for vaccination in the state, meaning that individuals must **live or work in Kansas** to be eligible for vaccination. Out-of-state residents that have received a prime dose in Kansas can receive their boost dose from the same provider. There are no restrictions on vaccinating people from other counties within Kansas; providers may vaccinate any prioritized person who lives or works in the state.



Providers should **administer doses to the stated prioritized populations as far as reasonably possible – however, they should not stringently "police" administration** (minimizing waste is more important than ensuring compliance with prioritized populations).

- Within reason (i.e., no bribery/coercion, no egregious line-cutting), providers are discouraged from turning patients from the door.
- The state **does not require** that providers conduct stringent medical record or occupational checks, but providers are encouraged to conduct validation (e.g., age checks if possible, employer identification, self-reported surveys, patient screenings).
- While it is preferred that providers vaccinate as many Kansans as possible, providers are not obligated to offer vaccination appointments to individuals who are not their existing patients.



Providers should aim to **exhaust their full weekly supply of vaccine**.

- If there is sufficient expected demand in the current phase to use the weekly shipment, administer to this group only.
- If demand is insufficient from the current priority group in a given week, rather than storing or wasting vaccine, providers should contact their LHD and the LHD should discuss options with KDHE. *LHDs are not permitted to move their county to the next phase without KDHE permission.*
- **Providers should not hold vaccine back for priority population boost doses** - the CDC will supply vaccine closer to administration date. Providers will be administering prime and boost doses to different groups at the same time.



Providers should expect and be comfortable with **variation in phases** across counties and providers.

- Population sub-groups will vary inevitably in size from geography-to-geography and provider-to-provider.
- Providers can help KDHE re-balance across providers/counties by accurately reporting provider data each week.

Overview of provider allocation methodology

Sources of state allocation for KS

1 Jurisdiction allocation

Each week, KDHE receives an allocation for the state.

Using an automated algorithm, KDHE centrally determines the distribution of vaccine to individual providers across the state.

KDHE places vaccine orders to the federal government on their behalf.

How the state allocation is distributed

A A fixed supply is (i) assigned **to a county** based on the population in the current phase left to receive an allocation and (ii) allocated within counties, **to providers** based on their capacity or coverage.

B The state **reserves a portion of available supply for targeted vaccination** (e.g., teachers, meatpackers) in counties and state-run mass vaccination programs. Each week, the state selects priority counties and populations.

- This **will not decrease county-level allocations** (i.e., total doses allocated to providers in a county will not decrease as result of these efforts)

Key considerations impacting allocations

- Estimated population size of** the current priority phase left to receive allocation
 - Counties ahead in their allocations may only receive distributions bi-weekly
- Minimum order sizes** for each vaccine (100 for Moderna and J&J, 1,170 for Pfizer)
- Use cases for **one- vs. two-dose** vaccines
- With additional weight given to:
 - County **social vulnerability** (from CDC)
 - Throughput and storage** capabilities
 - High administration** (no excess inventory)

2 Federal allocation

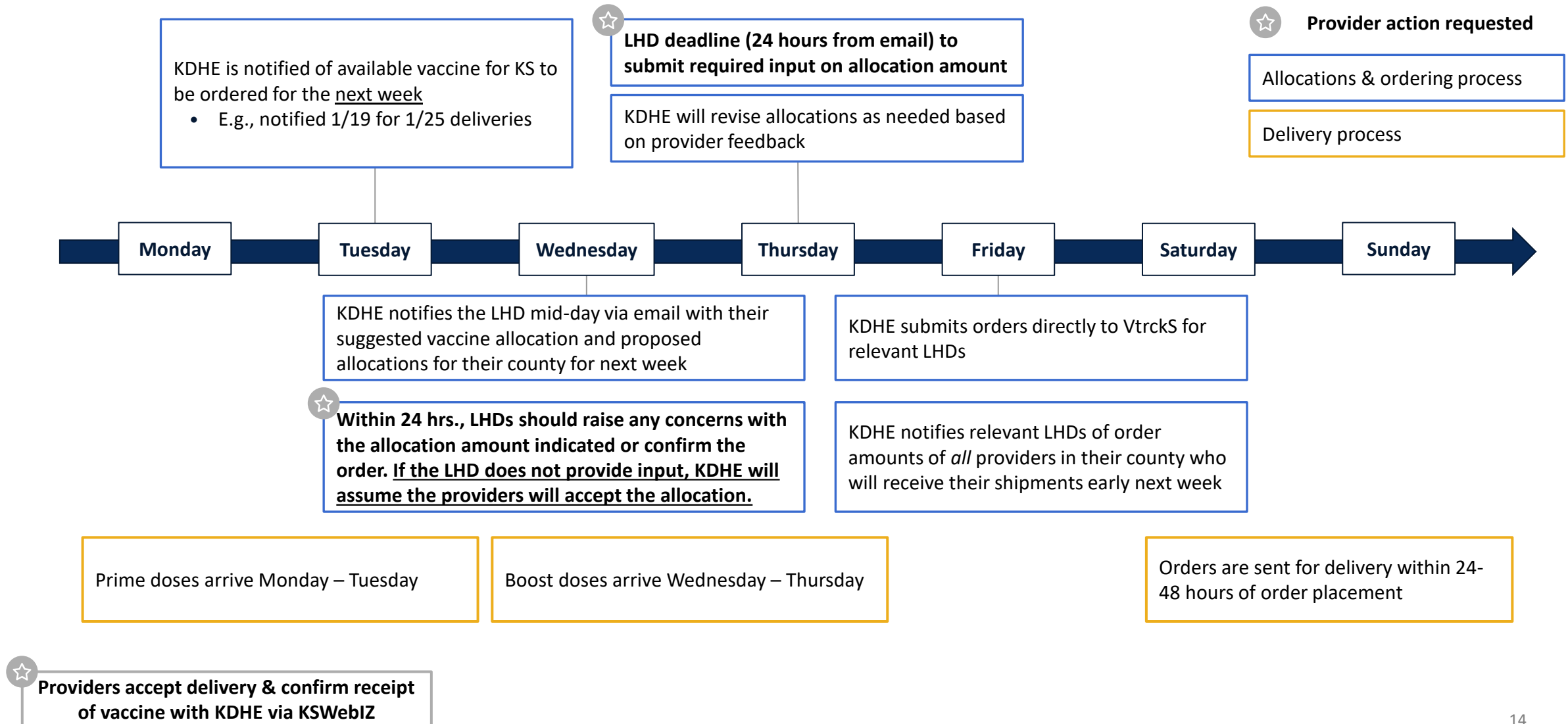
Some doses are allocated by the federal government, not Kansas. These include doses to select **retail pharmacy chains** and select **Federally Qualified Health Centers**.

The state **does not control the amount allocated or the locations activated** via the federal programs.

KDHE specifies which populations are eligible to receive doses (e.g., 65+, teachers) at these locations.

- Geographic and population coverage** of retail pharmacy locations
- Vaccine requests, inventory, and capacity** of participating pharmacy locations

Weekly schedule to manage vaccine delivery (KDHE and providers)



Your role as a provider during this process

Each week:

Before receiving vaccine

- ☐ Ensure KDHE has the right contact information (email, phone) to reach you during the week
 - Emails will be sent to the primary email address listed on the CDC provider agreement form
- ☐ If you are a stand-by provider, update how many doses of each type you can take (*optional*)
 - If you are a stand-by provider, you will receive link to update the max. number of doses you can take of each type of vaccine (Pfizer, Moderna, J&J); if you do not respond, KDHE will assume this value hasn't changed since last week
 - Please note that this is not an order form. Stand-by providers will only be allocated doses if federal supplies increase, or operational constraints require last-minute changes to allocation.
- ☐ Communicate with KDHE mid-week to confirm suggested allocation
 - Please confirm with KDHE that you can accept the suggested allocation of vaccine, or...
 - Flag any storage / administration concerns within 24 hours of receiving suggested allocation
 - Providers will receive a final confirmation email on their updated allocation after final orders are submitted by KDHE
- ☐ Ensure KDHE has the most relevant data on your capabilities
 - Within same email confirming expected allocation, provide any necessary updates on your expected available throughput (amount of vaccine that can be administered in one week) and storage capacity

After receiving vaccine

- ☐ Confirm receipt of vaccine delivery with KDHE in KSWebIZ

After administering vaccine

- ☐ Submit required reporting:
 - KSWebIZ: administration, inventory recommended (daily)
 - VaccineFinder: inventory (daily)
 - Snapshot: cumulative doses received, administered, on-hand, and transferred (weekly)

Managing excess vaccine supply (low demand scenario)

To do in short-term (now)

If providers anticipate potential vaccine spoilage and waste given existing demand, they will immediately contact their LHD.

LHDs should inform KDHE (regional consultant) of any potential transfers and are encouraged to consult with them to guarantee safe delivery. As an LHD, based on any directives or consultation from KDHE, you are asked to:

- Evaluate if a transfer is needed and cannot be solved through simpler means – e.g., patient referrals to another provider
- If so, help identify a provider who can take the excess vaccine or taking on the excess vaccine yourself
- Help coordinate the safe delivery of vaccine shipment based on the directives shared by KDHE
- Inform providers they must log the transfer in KSWebIZ

In general, cross-county transfers should be avoided unless absolutely necessary. Those situations should be flagged to KDHE as soon as possible.

To do in medium-term (for next week)

To **minimize unnecessary surpluses** due to excess allocations, providers are advised to:

- Update KDHE data on storage and throughput constraints via weekly provider survey
- Ensure up-to-date administration and inventory data is logged in KSWebIZ, VaccineFinder, and the Weekly Snapshot to guide future allocations

Providers **should also consider** the following additional options to reduce future surplus:

- Improved marketing to relevant patient groups
- "Stand by" waitlists for patients that can be called on-demand to receive vaccine

Redistribution Process:

1. In order to transfer COVID-19 vaccine you must have a [CDC Redistribution Agreement](#) on file with KDHE. Once completed and signed, scan and email the form to john.alej@ks.gov for filing. **This agreement only needs to be completed and filed once**, regardless of the number of providers to whom you transfer or the number of transfers that occur.
2. After the agreement is filed, you can transfer doses only to providers that are enrolled as a COVID-19 vaccine provider. **You must complete a [transfer form](#) each time you conduct a transfer of vaccine.** A copy should stay with you and a copy should go with the receiving provider. **You will also need to complete temperature checks every hour while the vaccine is in transport** using the [temperature tracking log](#). All these records should be kept for a minimum of three years, or longer, as indicated by record retention laws or agency policy.
3. You and the provider to whom vaccine has been transferred must also **reflect the changes in your inventory in Vaccine Finder, KSWebIZ, and the Weekly Snapshot**. Even if vaccine inventory remains the same, inventory should be reported to Vaccine Finder and the Weekly Snapshot. Administered doses must be reported to KSWebIZ and the Weekly Snapshot.

Managing provider vaccine shortages (high demand scenario)

To do in short-term (now)

If providers cannot meet their expected demands, they will contact their LHDs. Right now, we expect some supply shortages, so providers are encouraged to reach out to their LHDs primarily in cases where required boost doses cannot be administered, or existing appointments cannot be fulfilled with allocated supply.

LHDs should inform KDHE (regional consultant) of any potential transfers and are encouraged to consult with them to guarantee safe delivery. As an LHD, based on directives from KDHE, you are asked to:

- Evaluate if a transfer is needed and cannot be solved through simpler means – e.g., patient referrals to another provider
- If so, help identify a provider who can take the excess vaccine or taking on the excess vaccine yourself
- Help coordinate the safe delivery of vaccine shipment based on the directives shared by KDHE
- Inform providers they must log the transfer in KSWebIZ

In general, cross-county transfers should be avoided unless absolutely necessary. Those situations should be flagged to KDHE as soon as possible.

To do in medium-term (for next week)

To **expand a provider's weekly allocation** and receive additional vaccine, providers are advised to:

- Ensure KDHE data on available storage and throughput is up-to-date via weekly provider survey
- Ensure up-to-date administration and inventory data is logged in KSWebIZ, VaccineFinder, and the Weekly Snapshot to guide future allocations

Providers **should also consider** the following additional options to reduce future surplus:

- Investments in or requests for more staff to increase throughput

Redistribution Process:

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2. After the agreement is filed, you can transfer doses only to providers that are enrolled as a COVID-19 vaccine provider. **You must complete a [transfer form](#) each time you conduct a transfer of vaccine.** A copy should stay with you and a copy should go with the receiving provider. **You will also need to complete temperature checks every hour while the vaccine is in transport** using the [temperature tracking log](#). All these records should be kept for a minimum of three years, or longer, as indicated by record retention laws or agency policy.
3. You and the provider to whom vaccine has been transferred must also **reflect the changes in your inventory in Vaccine Finder, KSWebIZ, and the Weekly Snapshot**. Even if vaccine inventory remains the same, inventory should be reported to Vaccine Finder and the Weekly Snapshot. Administered doses must be reported to KSWebIZ and the Weekly Snapshot.

Provider enrollment and POD set-up

LHDs should be planning to accept, store, and administer vaccine doses as a point of distribution (POD) for their counties. **This does not mean LHDs should hold vaccine until they have enough inventory to set up a POD, as LHDs should aim to use their full weekly *prime* allocation within 7-10 days of receiving doses.**

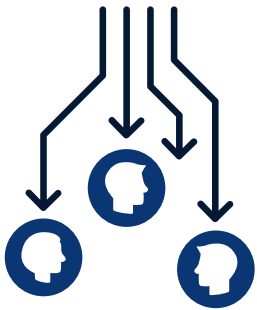
KDHE is managing provider enrollment across the state at this time. KDHE may also call upon LHDs to help with local provider enrollment by conducting outreach communications to any remaining providers not enrolled. We appreciate your cooperation and support in expanding the state's provider footprint.

For guidelines, resources, and training for setting up mass dispensing and point of distribution (POD) operations, please consult the document in the appendix.

Recommended patient outreach and communications channels



LHDs can independently use their **social media channels and websites** for key patient outreach, including guidance on current population priority groups and any plans for in-county mass vaccination sites.



The state is currently planning a **broad marketing campaign** across the state for patient outreach and vaccine education. The state will share relevant materials with LHDs and use their support in disseminating these materials on (e.g. social media, websites, physical boards) to execute on a cohesive campaign.

Importance of COVID vaccine administration and inventory data reporting

Why does timely and accurate data reporting matter?

Shapes state-wide and national priorities:

KSWebIZ and VaccineFinder data links directly to national CDC tracking, informing state rankings on vaccine administration and assessments of current vaccination phases.

The Weekly Snapshot is a supplemental reporting system to share accurate top-line data on vaccine administration with the state.

Supports efficient supply management

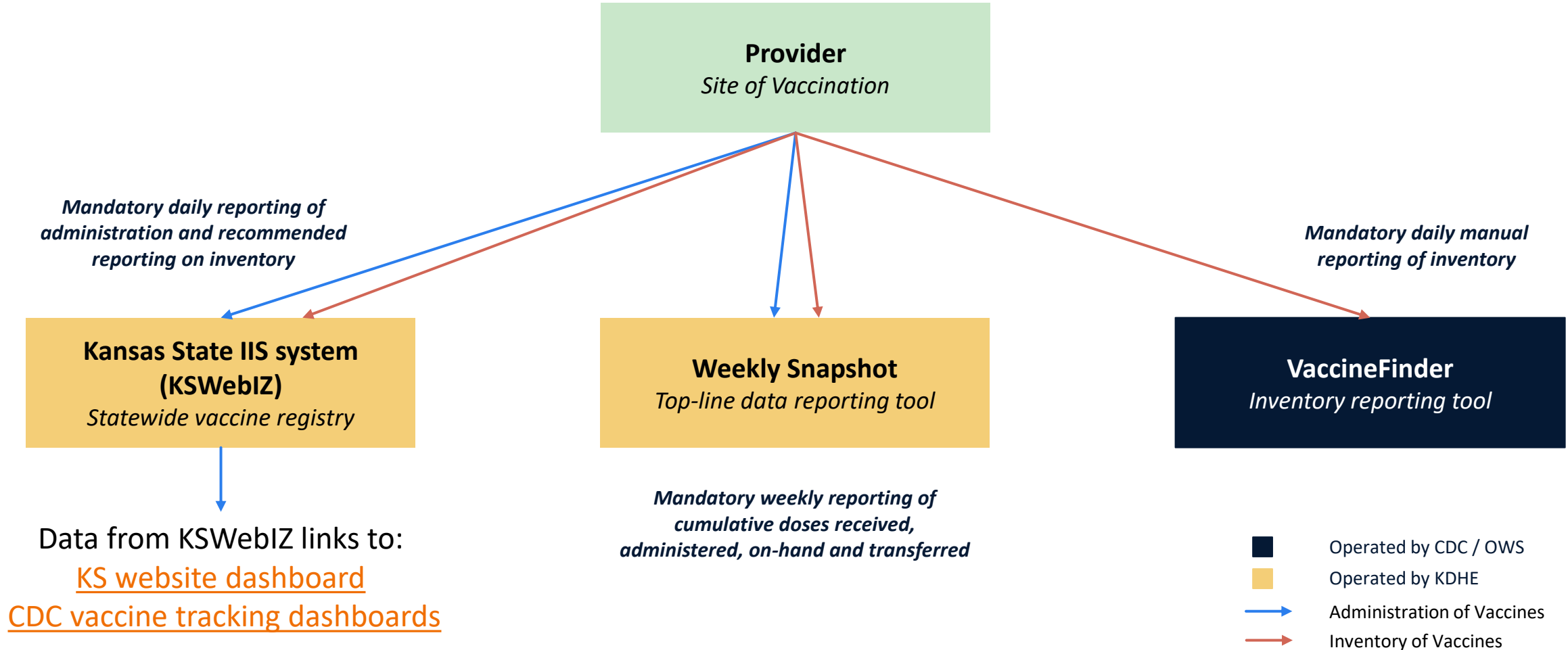
Accurate inventory data and administration rates informs KDHE's provider allocations to avoid having to manage surpluses or shortages

KDHE is working to support you in seamlessly and regularly reporting up-to-date administration and inventory data



Be on the lookout for additional reporting-related support (troubleshooting, detailed “how to” guides) and changes from KDHE

Providers need to report COVID vaccine administration and inventory data to KSWebIZ and Vaccine Finder daily, and Snapshot weekly





Kansas Immunization Information System (KSWebIZ)

What is it?

- The Kansas Immunization Registry (KSWebIZ) is a web-based statewide registry for vaccinations / immunizations
- KSWebIZ contains lifespan immunization records that are complete, accurate, and secure for Kansans

What to report

- Daily vaccination doses administered, with details on breakdown between 1st and 2nd doses
- Current inventory of different types of vaccines (e.g., Pfizer vs. Moderna vs. Johnson & Johnson)
- Accurate race & ethnicity data for those administered vaccines (*see appendix for reasoning & best practices*)

How to report

- Providers need to complete the Site Enrollment Agreement and Provider screening form
- Enrolled providers can login to submit their site's vaccine doses administered and current inventory
- Providers with identified reporting issues will be required to report via flat file (KDHE will contact you if applicable)

How often to report

- 24-hour reporting is required

Data checks and compliance

- Monitoring of provider-level data for doses of COVID-19 vaccine administered and reported, will be reviewed for data completeness and quality by the Kansas Immunization Program staff before uploading data to the CDC.

Who to contact for help

- KSWebIZ Helpdesk - 785-559-4227 and 877-296-0464
- kdhe.ImmunizationRegistry@ks.gov

Inventory reporting in VaccineFinder

The VaccineFinder logo, with "Vaccine" in teal and "Finder" in dark blue.

What is it?

- VaccineFinder is a federal web-based system that supports inventory reporting (required for all COVID-19 vaccine providers)
- It will soon replace Find My Vaccine as the public-facing tool used to find a vaccine provider (see slides 26-28)

What to report

- Providers will report on-hand COVID-19 vaccine inventory doses

How to report

- Enroll in COVID-19 Vaccination Program must sign the CDC COVID-19 Vaccination Provider Agreement
- Complete your VaccineFinder profile
- Report COVID-19 vaccine inventory daily to VaccineFinder

How often to report

- Every day (by 6pm CST)

Data checks and compliance

- Providers can check accuracy of their inventory once they complete input of new data

Who to contact for help

- Registration - vaccinefinder@auth.castlighthousehealth.com
- Helpdesk - vaccinefinder@castlighthousehealth.com

KDHE Weekly Snapshot

What is it?

- The Weekly Snapshot is a supplemental reporting system to share accurate top-line data on vaccine administration
- It does not replace reporting directly to KSWebIZ or VaccineFinder, but rather supplements those systems to reconcile aggregate numbers and better understand the vaccine landscape and address reporting challenges

What to report

- Cumulative-to-date data: doses received, administered and left in stock
- Doses sent or received via transfers

How to report

- If you are an enrolled provider who has received/administered doses since program began, you will receive a link to the Snapshot will be emailed to your primary and second vaccine coordinators
- *For further detail on how to report, please consult the **Weekly Snapshot User Training** found on kansasvaccine.gov*

How often to report

- Submit one time each week between Friday and Monday at 10am

Data checks and compliance

- Provider-level data will be reviewed for data completeness and quality. Accurate information is critical as it allows for targeted resolution of reporting and vaccine administration issues. It will also be shared on a [public dashboard](#).

Who to contact for help

- Send questions / feedback to kdhe.COVIDVaccinePartners@ks.gov

CDC's Vaccine Adverse Event Reporting System (VAERS)

What is it?

- VAERS is a national vaccine safety surveillance program run by CDC that serves as an early warning to detect any possible safety issues with U.S. vaccines by collecting information about adverse events

What to report

- Please consult the [reportable events table](#)
- Providers should report any adverse events that occur after vaccination, even if you are not sure whether the vaccine caused the adverse events

How to report

- There are two ways to submit report to VAERS: (1) Submit a report [online](#) (preferred) or (2) download a [writable PDF form](#) and upload when ready based on the instructions provided

How often to report

- Adverse event reporting must be reported immediately

Who to contact for help

- [CDC VAERS web page](#)
- [VAERS web page](#)
- Email info@VAERS.org or 1-800-822-7967

Providers are *required* to submit all adverse events to this system

Find My Vaccine has been phased out due to the launch of CDC's VaccineFinder locator tool



As of early March, over the next few weeks, we will be phasing out Find My Vaccine and transitioning to the CDC's VaccineFinder

Decision on when we cutover will be made when we are comfortable with the number of providers who have switched over

Thank you to those who opted-in for inclusion on Find My Vaccine!



Shifting to VaccineFinder will benefit both the public and LHDs & providers



For the public

- **Access more real-time, daily reporting of vaccine inventory** (tool pulls snapshots from inventory information submitted daily to VaccineFinder)
- **View a single, consolidated source of truth** for locating a vaccine provider
- **Maintain visibility into providers' contact information** and additional details



For LHDs and providers

- Daily, real-time reporting of inventory will provide a more accurate picture of existing inventory levels, **limiting additional outreach to your team**
- **Provide a streamlined process to update information** (done from within existing VaccineFinder portal)
- **Maintain same critical fields present in Find My Vaccine** to centralize comms on COVID vaccine-specific information (E.g., scheduling tool, hours, free text field)
- Inclusion in VaccineFinder will **still be on an opt-in basis** – *additional details on next page*

We encourage your organization to opt into VaccineFinder

How to opt-in

1 Log into your VaccineFinder COVID Locating Health account: <https://covid.locating.health/login>

2 In the upper right-hand corner, select "Public Display"



Here, you'll be able to "turn on" your desired location(s) to display publicly on the VaccineFinder map and update the displayed information

3 To turn on locations within the portal, navigate to the 'Log Manually' tab and switch the below grey toggles to blue



4 On the same page, you can click each location and edit the information to display publicly, including: Phone Number (required), Hours, Website, Scheduling Tool, Notes (free text field)

Your updates should reflect in the tool within 24 hours

Additional resources

For detailed instructions, please view VaccineFinder's provider resources in the below sections:

<https://vaccinefinder.org/covid-provider-resources/>

- "COVID Locating Health Provider Portal: Updating Public Display Fields (Jurisdiction and Providers)"
- "Checklists for Updating Public Display Fields"

We will also be sending an email regarding the shift to VaccineFinder and how to opt in

Questions? Email us at:
findmyvaccinetool@ks.gov



Resources and FAQs

What communication channels are available to us if we have specific questions?

For questions related to	Who to contact	Contact information
COVID vaccine ordering, vaccine delivery questions or issues, to request data loggers, and VFC Program	Kansas Immunization Program	<ul style="list-style-type: none"> • kdhe.vaccine@ks.gov • 877-296-0464
Vaccine Finder, Weekly Snapshot, etc.	Kansas Immunization Program	<ul style="list-style-type: none"> • kdhe.covidvaccinepartners@ks.gov
General COVID vaccine inquiries	Regional Immunization Consultants	<ul style="list-style-type: none"> • Consultant map for your local consultant's email and phone • On-call consultant: 785-296-5592
KWebIZ onboarding	KWebIZ Onboarding	<ul style="list-style-type: none"> • kdhe.IMMOnboarding@ks.gov
KWebIZ reports, training needs, data entry, local and monthly reconciliations	KWebIZ Help Desk	<ul style="list-style-type: none"> • kdhe.ImmunizationRegistry@ks.gov • 785-559-4227
COVID-19 provider enrollment process, changes to enrollment forms, or enrollment status	COVID Vaccine Provider Enrollment	<ul style="list-style-type: none"> • kdhe.COVIDEnrollment@ks.gov • 877-296-0464
Find My Vaccine tool	Find My Vaccine team	<ul style="list-style-type: none"> • Provider opt-in form and information change form • findmyvaccinetool@ks.gov
<u>LHDs</u> : General COVID vaccine inquiries	KDHE Local Public Health Program	<ul style="list-style-type: none"> • lhd@ks.gov • Staff directory
<u>Providers</u> : County-level COVID vaccine inquiries	Local Health Department	<ul style="list-style-type: none"> • Directory by county for your LHD's email and phone

What resources are available to educate and inform patients of what is happening?

Resources to help providers talk to patients

Online resources:

- [Talking to Patients about the COVID-19 Vaccine](#)
- [Answering Patients' Questions](#)
- [Benefits of getting a COVID-19 vaccine](#)
- [8 things to know about the U.S. COVID-19 Vaccination Programs](#)
- For Kansas-specific questions, [FAQs](#) are a great place to start

Where to direct patients for more info

For general info: [CDC COVID-19 Vaccine website](#)

For Kansas info: [Kansas COVID-19 Vaccine Information website](#)

- [FAQs](#)
- [Prioritization Plan](#)
- [Vaccine data dashboard](#)
- [Find My Vaccine](#) – soon to be replaced with VaccineFinder

For regular updates:

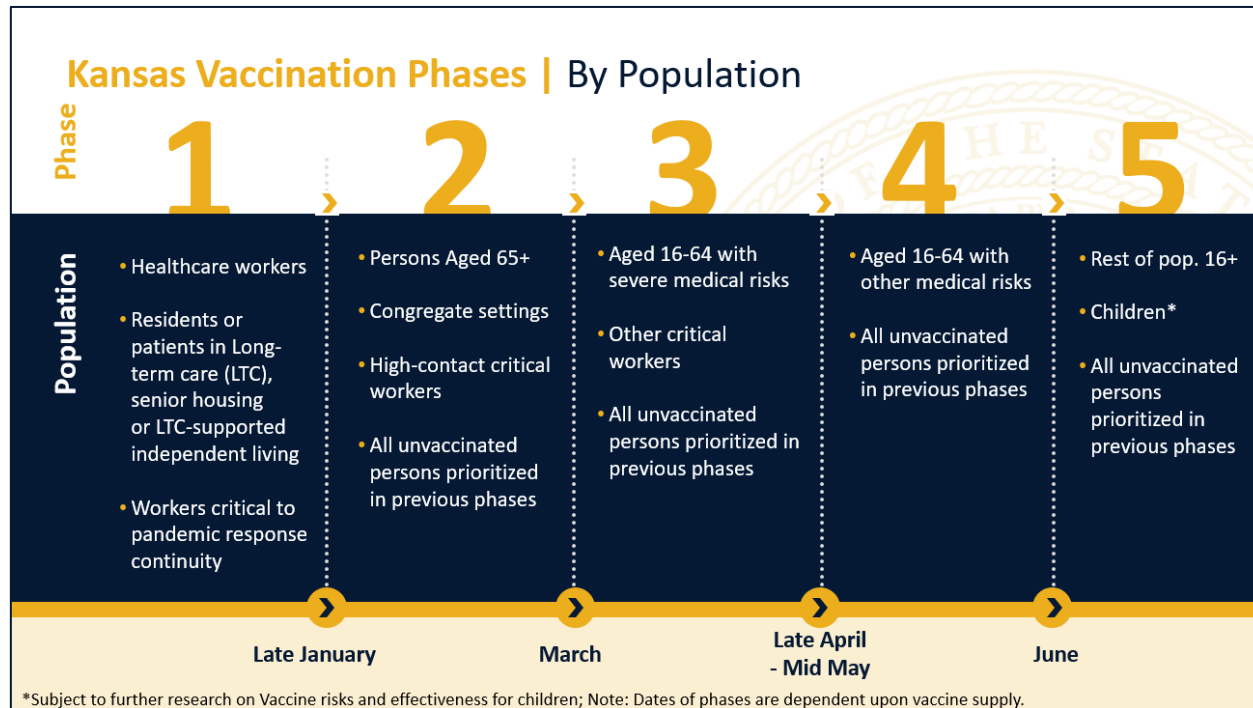
- [Governor's press releases](#) and [briefings](#)
- [Governor's newsletter](#)
- Governor and KDHE social media

KDHE COVID-19 contact info for the public:

- Hotline: 866-534-3463 / 866-KDHEINF (M-F 8:30a-5p)
- Email: covid-19@ks.gov

Who is included in each patient prioritization group? How was this prioritization decided?

Individuals who live and/or work in Kansas are prioritized as follows:



Methodology:

- To develop this phasing, we segmented and prioritized Kansas's population based on public health risk and criticality to state infrastructure
- Throughout the process, we have used an equity lens to ensure inclusion of socially and medically vulnerable communities in our prioritization
- The governor and KDHE engaged an independent advisory committee to review and co-develop these phases to ensure broad input
- We have also relied on the expert opinion of the CDC and ACIP (Advisory Committee on Immunizations Practices) recommendations
- The COVID-19 environment is dynamic, and thus we will continue to adapt these phases and groups as we learn about the disease situation in Kansas

For detailed descriptions on patient populations, please consult the following [document](#).

How should we screen and verify that patients meet the requirements for a given population phase?

The state is not requiring that providers stringently review medical reports, occupational background checks, or IDs to ascertain a patient's priority group status.

Providers, however, are encouraged to implement some form of patient sub-group verification (e.g., employer letters, age checks wherever easy and accessible, self-reported surveys or screening online or on-site).

- Some state employees and workers in other industries qualify for vaccination in Phase 2 due to their status as a high-contact critical worker or in Phase 3 as other critical workers:
 - State employees who are eligible in Phase 2 or 3 have received a letter to verify that they have been deemed eligible based on their role
 - Many industries whose staff qualify in Phase 2 or 3 are also providing similar letters to serve as proof of employment

Providers should plan for different scenarios, including how to respond to individuals who may insist on vaccination without the proper credentials, including security considerations.

For detailed descriptions on patient populations, please consult the following [document](#).

What should I do if I do not know what phase a patient group belongs in?

If a patient sends an email or calls a provider in advance with a question, the provider should reach out to their LHD first to seek clarification.

If a patient shows up to your provider's office under the impression their patient sub-group is being prioritized and the provider is unable to receive input in a timely manner from their LHD, within reason (e.g., no egregious line-cutting, bribery, etc.), providers should administer the COVID-19 to the patient rather than sending them away.

Providers should inform their LHDs or KDHE of such situations so that they can communicate updates or clarifications to the broader provider network who may have had similar experiences.

For detailed descriptions on patient populations, please consult the following [document](#).

Can local health departments vaccinate patients who live or work in other counties?

The Kansas government has instituted a residency requirement for vaccination in the state, meaning that **individuals must live or work in Kansas to be eligible for vaccination.**

Out-of-state residents that have received a prime dose in Kansas can receive their boost dose from the same provider.

There are no restrictions on vaccinating people from other counties within Kansas; providers may vaccinate any prioritized person who lives or works in the state.

Now that I am enrolled, when will I begin receiving doses?

All enrolled providers are automatically eligible to receive doses. Once enrolled, providers may need to be onboarded to KSWebIZ.

Based on the KDHE allocations process, providers may or may not be activated (i.e., allocated a weekly shipment of COVID-19 vaccine). If they are allocated a specific amount, this amount will be communicated ahead of time.

Can we make requests or have a say in how many doses we receive?

At this time, due to the limited vaccine supply available, providers will not be able to submit order requests directly to KSWebIZ/VtrckS.

KDHE will order on behalf of all providers, using an allocation algorithm based on available storage, throughput (number of vaccines that can be administered in one week), achieving health equity, and county vaccination needs.

- Before final orders are submitted, LHDs will receive a weekly email with their suggested dose allocations. If they are unable to accept their order, they should flag it to KDHE within 24 hours before orders are placed. If LHDs do not reply, KDHE will assume they can accept the order.
- KDHE will do their best to accommodate LHD comments, while ensuring clinical needs are met and that we can balance effective and fair allocation across the state.
- Through a weekly survey shared to all enrolled providers, providers should make sure KDHE has the most up-to-date and accurate data on their estimated storage and throughput capabilities.

This process may evolve as supply grows to allow providers to submit requests/"orders" for their allocations.

How can we ensure we have enough vaccine for boost doses?

Providers will not need to reserve portions of their weekly vaccine shipment for future boost dose allocations.

Vaccine distribution is built on a flexible "just in time" system. Providers should aim to administer their fully weekly allocation, without reserving any excess vaccine week-to-week.

KDHE will help make sure that providers are **automatically allocated and delivered** sufficient vaccine supply of the required Pfizer and Moderna vaccine to meet any boost doses when it is time to administer them.

To help KDHE ensure that enough vaccine is shipped and delivered for boost doses, please ensure that you are confirming incoming vaccine shipments in KSWebIZ and are tracking administration & inventory data in a timely manner.

Why is vaccine supply so uncertain? What should I expect for incoming shipments?

Each Tuesday, the U.S. federal government informs Kansas of its available vaccine supply for the next week. This value is based off Kansas's share of the U.S. population and may include factors such as the administration rate (% of doses administered of those delivered). However, there has been significant uncertainty in the federal supply, driven by several updates each week:

- Guidelines on how vaccine is allocated to states (based on population vs. administration rates)
- How much vaccine manufacturers (Pfizer, Moderna, J&J) are able to supply to the federal government
- Use of national chain pharmacy programs for long-term care facilities managed by the federal government
- Up-to-date inventory reports in VaccineFinder

KDHE is developing streamlined processes to help manage predictability for LHDs and other providers but appreciate your patience in managing tight turnaround times.

- We hope to update providers with their initial allocation proposal mid-week the week before they receive their weekly allocation shipment. We will aim to give providers final updates of their shipment after orders have been placed, which is ~48 hours before deliveries will begin arriving.

Moving forward, as supply expands beyond current constraints, we may be able to accommodate provider orders and requests or otherwise enable providers to have more say in the vaccine shipments.

What kind of support can providers expect from KDHE? From their Local Health Department?

The state/KDHE is responsible for central guidance and operations, including:

- Defining patient prioritization groups and monitoring state-wide process
- Determining allocations (with LHD input) and placing orders based on federal allotment to the state
- Managing data and reporting systems
- Developing a statewide map of provider locations

LHDs should support local operations:

- Providing local guidance on sub-prioritization of population groups within phases
- Managing shortages and surplus (helping with patient referrals between providers or coordinating any necessary transfers)
- Coordinating any necessary partnerships to set up mass vaccination PODs

How should providers manage patient reminders for boost doses? Will the state also be reminding patients?

Providers are responsible for individual patient reminders. The state will work towards ensuring public-facing communications include patient education about the need for boost doses.

Providers are **required to document detailed information on the vaccine administered, date of first administration, and boost dose due date**. This can be done via the COVID-19 vaccination record card provided in the ancillary kit or you can provide a printed copy of the vaccination record – the key is that the vaccine recipient has a record of their vaccination.

If possible, providers should **schedule the patient's boost-dose appointment** right after they receive their prime to ensure compliance with dosing intervals and use existing provider systems for patient notifications and reminders such as automated patient phone calls, emails, and/or texting notifications.

The KSWebIZ Patient Reminder/Recall report can be used to help identify vaccine recipients and will include templates for reminder and recall post cards and labels.

Can providers charge an administration fee?

All organizations and providers participating in the CDC COVID-19 Vaccination Program:

- **must** administer COVID-19 Vaccine at no out-of-pocket cost to the recipient
- may **not** deny anyone vaccination based on the vaccine recipient's coverage status or network status
- may **not** charge an office visit or other fee if COVID-19 vaccination is the sole medical service provided
- may **not** require additional medical services to receive COVID-19 vaccination
- **may** seek appropriate reimbursement from a program or plan that covers COVID-19 Vaccine administration fees for the vaccine recipient, such as:
 - vaccine recipient's private insurance company
 - Medicare or Medicaid reimbursement
 - HRSA COVID-19 Uninsured Program for non-insured vaccine recipients
- may **not** seek any reimbursement, including through balance billing, from the vaccine recipient

For additional information on filing claims for reimbursement of COVID-19 vaccine administration fees, go to:

- HRSA COVID-19 Uninsured Program – <https://www.hrsa.gov/CovidUninsuredClaim>
- CMS Guidance – <https://www.cms.gov/covidvax-provider>

For more information: <https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>

What should LHDs and providers do to help older adults and people with disabilities get vaccinated?

Planning for Appointments:

- **Name a point of contact** within a vaccination clinic to address reasonable accommodation needs for older adults and people with disabilities.
- **Ensure vaccination locations are accessible** to people with disabilities consistent with disability rights statutes such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. For example, confirm that accessible parking spaces, ramps, and handrails are available at the vaccination clinic. Remind staff that service animals must be allowed in the clinic and remain with their handlers.
- **Plan for accommodations** that might be needed for the person receiving vaccination, including:
 - **Special hours** for people who need extra assistance
 - **Wait times and locations** that reduce possible exposure to COVID-19
 - **Extra time** before and after the appointment
 - **Ample space** for those using assistive devices
- **Ensure that communications meet the necessary requirements** of the Americans with Disabilities Act, the Rehabilitation Act, the Patient Protection and Affordable Care Act, the Plain Language Act, and other applicable disability rights laws for accessibility throughout the vaccination process.

Scheduling an Appointment:

- **Provide help with scheduling** for those who need it. Consider establishing a call center to help answer questions and assist with scheduling.
- **Provide other scheduling options in addition to web-based forms.** Create forms that are easy to navigate and complement those of other vaccination clinics and providers in your area or create a common form where possible.
- **Identify accessible transportation providers** in your area; provide information on how people can schedule accessible transportation appointments if needed.
- For more information: <https://www.cdc.gov/vaccines/covid-19/clinical-considerations/older-adults-and-disability.html>



Appendix 1: URLs to all hyperlinked materials

Appendix 1: URLs to all hyperlinked materials in this document (I/III)

	Pfizer-BioNTech	Moderna	Johnson & Johnson
	CDC page: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html Training: https://www2.cdc.gov/vaccines/ed/covid19/pfizer/index.asp	CDC page: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html Training: https://www2.cdc.gov/vaccines/ed/covid19/moderna/index.asp	CDC page: https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/index.html Training: https://www2.cdc.gov/vaccines/ed/covid19/janssen/index.asp
Storage	Product information: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/index.html Storage & handling summary: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/storage-summary.pdf EUA Provider Factsheet, revised 2/25/21: https://www.fda.gov/media/144413/download	Product information: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/index.html Storage & handling summary: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/storage-summary.pdf EUA Provider Factsheet, revised 12/20/20: https://www.fda.gov/media/144637/download	Product information: https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/index.html Storage & handling summary: https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/downloads/janssen-storage-handling-summary.pdf EUA Provider Factsheet, revised 2/27/20: https://www.fda.gov/media/146304/download
Administration (vaccine specific)	Standing orders for administering vaccine: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/standing-orders.pdf Preparation and administration summary: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/prep-and-admin-summary.pdf Mixing Diluent and vaccine infographic: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/diluent-poster.pdf BUD guidance and labels: https://www.cdc.gov/vaccines/covid-19/info-by-product/pfizer/downloads/bud-tracking-labels.pdf	Standing orders for administering vaccine: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/standing-orders.pdf Preparation and administration summary: https://www.cdc.gov/vaccines/covid-19/info-by-product/moderna/downloads/prep-and-admin-summary.pdf	Standing orders for administering vaccine: https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/downloads/Janssen-Standing-Orders.pdf Preparation and administration summary: https://www.cdc.gov/vaccines/covid-19/info-by-product/janssen/downloads/Janssen-Prep-and-Admin-Summary.pdf
Administration (general)	Pre-vaccination checklist/screening for COVID-19 vaccines: https://www.cdc.gov/vaccines/covid-19/downloads/pre-vaccination-screening-form.pdf General CDC vaccine administration training materials: https://www.cdc.gov/vaccines/hcp/admin/resource-library.html VAERS Adverse Event Reporting: https://vaers.hhs.gov/reportevent.html V-Safe Health Checker: https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety/vsafe.html		

Appendix 1: URLs to all hyperlinked materials in this document (II/III)

COVID-19 Vaccine Effectiveness FAQs: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness.html>

Patient Prioritization Guide: <https://governor.kansas.gov/wp-content/uploads/2021/01/Vaccine-Distribution-Order-1.pdf>

Tracking Dashboards:

- KS vaccine website: <https://www.kansasvaccine.gov/158/Vaccine-Data>
- CDC national tracker: <https://covid.cdc.gov/covid-data-tracker/#vaccinations>

VAERS Reporting Requirements:

- VAERS Web Page (CDC): <https://www.cdc.gov/vaccinesafety/ensuringsafety/monitoring/vaers/index.html>
- VAERS Web Page: <https://vaers.hhs.gov/reportevent.html>
- Reportable event table: [https://vaers.hhs.gov/docs/VAERS Table of Reportable Events Following Vaccination.pdf](https://vaers.hhs.gov/docs/VAERS_Table_of_Reportable_Events_Following_Vaccination.pdf)
- Online submission URL: <https://vaers.hhs.gov/esub/index.jsp>
- PDF submission form: <https://vaers.hhs.gov/uploadFile/index.jsp>

Appendix 1: URLs to all hyperlinked materials in this document (III/III)

How to contact KDHE

Regional immunization consultants staff directory:

https://www.kdheks.gov/immunize/download/Map_of_KIP_Regional_Nurse_Assignments.pdf

Patient Resources

Online Resources:

- Talking to Patients about the COVID-19 vaccine: <https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>
- Answering patients' questions: <https://www.cdc.gov/vaccines/covid-19/hcp/answering-questions.html>
- Benefits of getting the COVID-19 vaccine: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>
- 8 things to know about the U.S. COVID-19 vaccination programs: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/8-things.html>

For more information:

- CDC COVID-19 Vaccines website: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html>
- Kansas COVID-19 Vaccines website: <http://www.kansasvaccine.gov/>
 - Safety: <https://www.kansasvaccine.gov/178/Safety>
 - Vaccine phases by population: <https://www.kansasvaccine.gov/DocumentCenter/View/121/Vaccine-Prioritization-Slides-PDF>
 - FAQs: <https://www.kansasvaccine.gov/faq.aspx?TID=17>
 - Weekly vaccine updates: <https://www.kansasvaccine.gov/157/Availability>

For regular updates:

- Governor press releases: <https://governor.kansas.gov/newsroom/press-releases/>
- Governor briefings: https://www.facebook.com/pg/GovLauraKelly/videos/?ref=page_internal
- Governor newsletter: <https://governor.kansas.gov/newsroom/news-letter/>



Appendix 2: COVID-19 patient prioritization guidelines

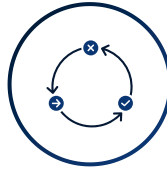
As of January 7, 2021

COVID-19 vaccination phases in Kansas



About this document

- As COVID-19 vaccines are approved by the FDA, the federal government is supplying states with limited doses on a weekly basis.
- Kansas Department of Health and Environment (KDHE) has created a list of populations, spread across 5 phases, to prioritize for vaccination
- This document lays out Kansas' current prioritized vaccination plan and provides more detailed definitions of identified population segments



Our methodology

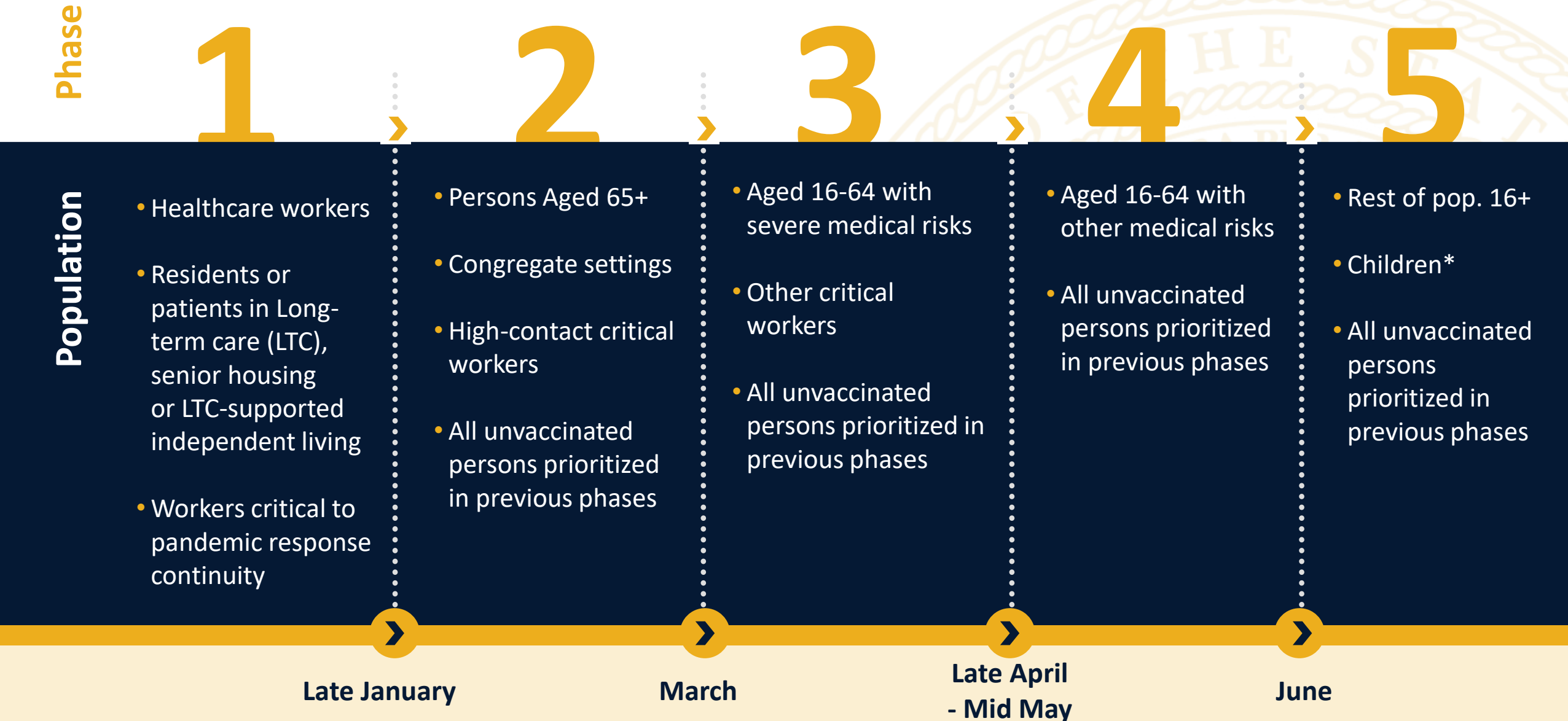
- To develop this phasing, we segmented and prioritized Kansas' population based on public health risk and criticality to state infrastructure
- Throughout the process, we have used an equity lens to ensure inclusion of socially and medically vulnerable communities our prioritization
- The Governor and KDHE engaged an independent advisory committee to review and co-develop these phases, ensuring input broad input
- We have also relied on the expert opinion of the CDC and ACIP recommendations
- The COVID-19 environment is dynamic, and thus we will continue to adapt these phases and priority groups as we learn more about the disease situation in Kansas and across the country



How we will operationalize these phases

- KDHE will maintain a flexible approach to moving through phases, prioritizing the vaccination of current phase populations and maximizing speed under federal supply constraints
- We are engaging local health departments, providers (hospitals, clinics, pharmacies) etc. across the state to distribute and administer the vaccine
- We will ensure equity throughout the vaccine distribution process, e.g. by prioritizing providers, such as safety net clinics in vulnerable communities and proactive outreach and communications to those all those communities at risk

Kansas Vaccination Phases | By Population



*Subject to further research on Vaccine risks and effectiveness for children; Note: Dates of phases are dependent upon vaccine supply.

KDHE adopted federal recommendations to assess exposure risks associated with workplaces and living arrangements



Federal guidelines¹ consider the number and nature of contacts required by different occupations

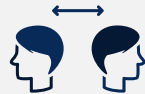
In addition to health risks associated with **clinical outcomes and death**, KDHE considered the following exposure-related risks in our approach



Proximity



Residents and staff are less than 6ft away from one another



Type of contact



Exposure to droplets, shared surfaces, common items



Contact duration



Average interactions last more than 10 min



Challenges to implement protective measures



Space is indoors, confined, or it is not possible to control with whom workers will interact

1. See DHS, [Guidance on the Essential Critical Infrastructure Workforce: Ensuring Community and National Resilience in COVID-19 Response](#) and CDC [guidelines for those living in close quarters, shelters, nursing homes](#) and on [how the coronavirus spreads](#)

Phase 1 | Healthcare workers: Identifying characteristics and working definition



Definition

Paid and unpaid persons serving in healthcare or healthcare-associated jobs, who are unable to work from home and may be directly or indirectly exposed to patients or infectious materials as a result of their jobs



Description

Workers with any of the following features:

- Required to regularly enter a hospital (inpatient) or outpatient clinical setting;
- Involved in pandemic response (e.g., testing centers);
- In a healthcare or healthcare-associated setting, in contact with patients or infectious materials;



Examples of groups included

- Staff in long-term care facility
- Workers in direct contact with patients, e.g., MD/DO/DPM, nurses, EMTs, clinical students and trainees
- Diagnostic labs, phlebotomists, pandemic health workers (e.g., individuals performing COVID tests)
- Mental healthcare providers, pharmacy staff, non-medical staff – if exposed to patients or infectious materials;
- Healthcare-associated contractors, including food, waste management etc.
- Dentists, physical therapists, professionals performing elective procedures
- Home care workers, CMS-designated caretaker
- Morticians, forensic and funeral service workers;
- Staff in FQHCs, CHCs, safety-net/ free clinics, faith-based outreach clinics (inclusive of state-funded clinics)
- Home health aides, nursing assistants

Phase 2 | Congregate settings: identifying characteristics and working definition



Definition

Anyone living or working in licensed congregate settings and other special care or congregate environments



Description

- Licensed congregate settings are facilities licensed by the state or local government, that provide housing or care arrangements and where social distancing is not possible; they provide a form of social service or healthcare (or healthcare-associated) service
- Settings included in this phase are monitored by the state or the local government, or house vulnerable populations under care, e.g. in-home care and retirement facilities
- Risk is increased because of:
 - Proximity, i.e., residents and staff are less than 6ft away from one another
 - Type of contact, i.e., exposure to droplets, shared surfaces, common items
 - Duration, i.e., average interactions last more than 10 min
 - Potentially high number of contacts and, sometimes, difficulties to implement protective measures



Examples of groups included

- Homeless shelters and other homeless housing settings and dwelling places
- Congregate childcare institutions, adult and child protective services
- Emergency shelters or safe houses for victims of domestic violence
- Corrections facilities, including jails and juvenile justice facilities
- Behavioral Health institutions (including mental health institutions) and residential treatment centers
- Adult care homes, residents and staff in home plus facilities not covered in phase 1
- Senior living homes
- Home care givers (paid or unpaid), personal care aides

Phase 2 | High-contact critical workers¹: identifying characteristics and working definition



Definition

Workers providing critical services who are at a higher risk of being infected, because their jobs require consistent and close contact with a large number of individuals



Description

- Critical workers are those necessary to maintain systems, assets and activities that are vital to the state (or national) security, the economy, or public health, as defined by the Department of Homeland Security
- Risk is associated with the likelihood of infecting oneself or spreading COVID. Factors that increase risk include proximity, type of contact, duration of contacts and challenges to implement protective measures
- Settings that provide a critical service and have recorded high transmission rates or become clusters in the past are usually high risk;



Examples of groups included

- Firefighters, police officers, first responders, correction officers
- Grocery store workers and food services
- K-12 and childcare workers, including teachers, custodians, drivers and other staff
- Food processing, including meat processing plants
- Large-scale aviation manufacturing plants
- Transportation workers
- Workers in the following industries, if they regularly need to be in high-risk settings to perform their duties:
 - Retail, warehouses and sales outlets
 - Agriculture
 - Supply of critical services or materials for the COVID response (e.g. PPE)
 - The U.S. Postal Service
 - Department of Motor Vehicles

¹- As defined by the Department of Homeland Security

Phase 3 | Aged 16-64 with severe medical risks: identifying characteristics and working definition



Definition

Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19



Description

Persons in the target age group who have been diagnosed with any of the conditions currently listed in the "conclusive data and information" list, provided by the CDC (see below)



Examples of groups included

Currently in the list, which is regularly updated as new evidence becomes available

- Cancer
- Chronic kidney disease
- Chronic obstructive pulmonary disease;
- Down Syndrome
- Heart conditions, such cardiomyopathies;
- Immunocompromised state from solid organ transplant;
- Type 2 diabetes mellitus;
- Sickle cell disease;
- Pregnant patients¹

1. Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy. A conversation with a clinician is specially important in such cases, and individuals who decide not to take the vaccine should be supported in their decision. See [ACOG recommendations](#) for further information

Sources: CDC, "Summary of Recent Changes" <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>

Phase 3 | Other critical workers¹: identifying characteristics and working definition



Definition

Non-healthcare workers in critical infrastructure, who cannot perform their duties remotely and therefore face risks of work-related exposure to COVID-19



Description

Critical workers are characterized as those operating in-person to maintain systems, assets and activities that are vital to the state (or the country's) security, economy, or public health, as defined by the [Department of Homeland Security](#)



Examples of groups included

- Agricultural and food workers not included in previous phases
- Workers performing in-person activities indoors, in critical manufacturing, not included in previous phases; this includes aviation, production of critical supplies for the COVID response
- Utility workers
- Social service and government workers not included in previous priority phases
- Logistics workers, such as truck transportation workers, couriers and others
- Water and wastewater workers
- Shelter and housing (e.g., construction) workers, finance (e.g., bank tellers)
- Information technology and communications workers

¹- As defined by the [Department of Homeland Security](#)

Phase 4 | Aged 16-64 with other medical risks: identifying characteristics and working definition



Definition

Persons aged 16–64 years with medical conditions that increase the risk for severe COVID-19



Description

Persons in the target age group who have been diagnosed with any of the conditions currently listed in the "conditions [that] might be at an increased risk" list, provided by the CDC (see below)



Examples of groups included

- CDC's second list of conditions, which include (non-exhaustive):
 - Asthma (moderate-to-severe)
 - Cerebrovascular disease (affects blood vessels and blood supply to the brain)
 - Cystic fibrosis
 - Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
 - Neurologic conditions, such as dementia
 - Liver disease
 - Pulmonary fibrosis (having damaged or scarred lung tissues)
 - Thalassemia (a type of blood disorder)
 - Type 1 diabetes mellitus
 - Obesity and severe obesity

Vaccines currently available under EUA have not been tested in pregnant women. Therefore, there are no safety data specific to use in pregnancy. A conversation with a clinician is especially important in such cases, and individuals who decide not to take the vaccine should be supported in their decision. See [ACOG recommendations](#) for further information

Sources: CDC, "Summary of Recent Changes" <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>



Appendix 3: Resources and training opportunities

Resources and training for POD operations



Resources & Training Opportunities

Medical Countermeasures (MCM),
Mass Dispensing and Point of
Distribution (POD) Operations

1

MASS DISPENSING PLANNING RESOURCES

- CDC's Mass Clinic Planning Activities Guide: <https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/planning-activities.html>
- ASPR Tracie's Topical Collection on MCM Dispensing: <https://asprtracie.hhs.gov/technical-resources/67/mass-distribution-and-dispensing-of-medical-countermeasures/0>
- Dispense Assist: <https://www.dispenseassist.net/>
- BERM*: <http://simfluenza.org/BERMweb/input.aspx>

*Bioterrorism and Epidemic Outbreak Response Model (BERM)

These resources provide planning information on how to conduct mass dispensing operations at the local level.

Dispense Assist is a free tool developed by Johnson County Department of Health and Environment to efficiently screen and process patients, and has been recently adapted for COVID-19.

BERM is a simulation tool that calculates basic throughput numbers for dispensing operations.

2

POINT OF DISPENSING RESOURCES

- NACCHO's POD Drive-Thru Planning Guide: <https://toolbox.naccho.org/pages/tool-view.html?id=2628>
- Point of Dispensing (POD) Manager Guidebook: <https://toolbox.naccho.org/pages/tool-view.html?id=59398&userToken=5a22905-85b3-4b64-bb53-80a66f6cb97&Site=NACCHO>
- Open POD Security Checklist: <https://toolbox.naccho.org/pages/tool-view.html?id=4608>
- POD Just-in-Time Training: https://www.kdheks.gov/cph/operating_guides.htm
Mass Dispensing SOG → Annex M-12

These resources provide guides and examples on how to operate a point-of-dispensing (POD) site. Keep in mind that COVID-19 vaccination sites will be unique in that patients must be monitored post-injection and infection control measures may be different than with influenza plans.

Resources from NACCHO can be accessed by logging into your MyNACCHO account, and selecting "Toolbox."

3

ONLINE COURSES AND STAFF TRAININGS

- Mass Dispensing Overview (SNS 102): KS-Train #1093666
- Medical Countermeasures Webinar: KS-Train #: 1093399
- POD Just-in-Time Training: https://www.kdheks.gov/cph/operating_guides.htm
Mass Dispensing SOG: Annex M-12

Direct specific questions or requests for technical assistance to KDHE Preparedness at Maryester.Limon@Ks.Gov

These trainings provide an overview of the mass dispensing process, the basics of medical countermeasure operations and planning considerations for floor layouts, staffing plans, roles and responsibilities, and training.

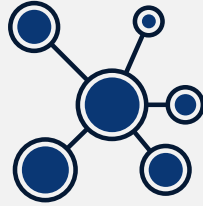
The POD Just-in-time (JIT) course is an updated PowerPoint file that can be adapted for your county to help training for staff or volunteers new to a POD site.

To access as PDF:
Right click > Acrobat Document Open > Open



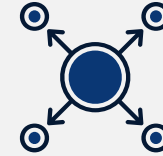
Appendix 4: Provider Activation

Vaccines allocated to KS by the federal government will be distributed through two programs, running in parallel*



State-run vaccination

Pharmacy partner program management, mass vaccination support, and vaccination acceleration for focus populations



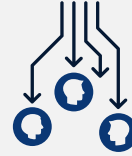
Direct county allocation

Population-based distribution to LHDs and local providers, for vaccination according to prioritization phases

KDHE will ensure **all counties vaccinating within the current phase are made and kept whole**. Counties weekly vaccine allocation will remain at least at the level of previous week, and counties will share in supply growth as far as possible.



State-run vaccination program



Focus population acceleration

Part of the doses retained by KDHE will be "earmarked" to vaccinate certain priority groups, e.g. teachers, meat packers



Mass vaccination support

KDHE will run mass vaccination sites in underserved areas, and support LHDs that want to operate their own sites

Direct county allocation | To kick off the provider network expansion, LHDs will be asked whether they want to submit a ranked list containing the providers they want to activate next

Initial data collection, plan assessment and provider activation

Data collection:

- To initiate this process, KDHE will send a survey asking LHDs to submit a ranked list of providers types (hospitals, pharmacies etc.) they would like to activate (i.e. start receiving doses) in their county
- A county may also decide to ask KDHE to choose which providers to activate on their behalf

Plan assessment:

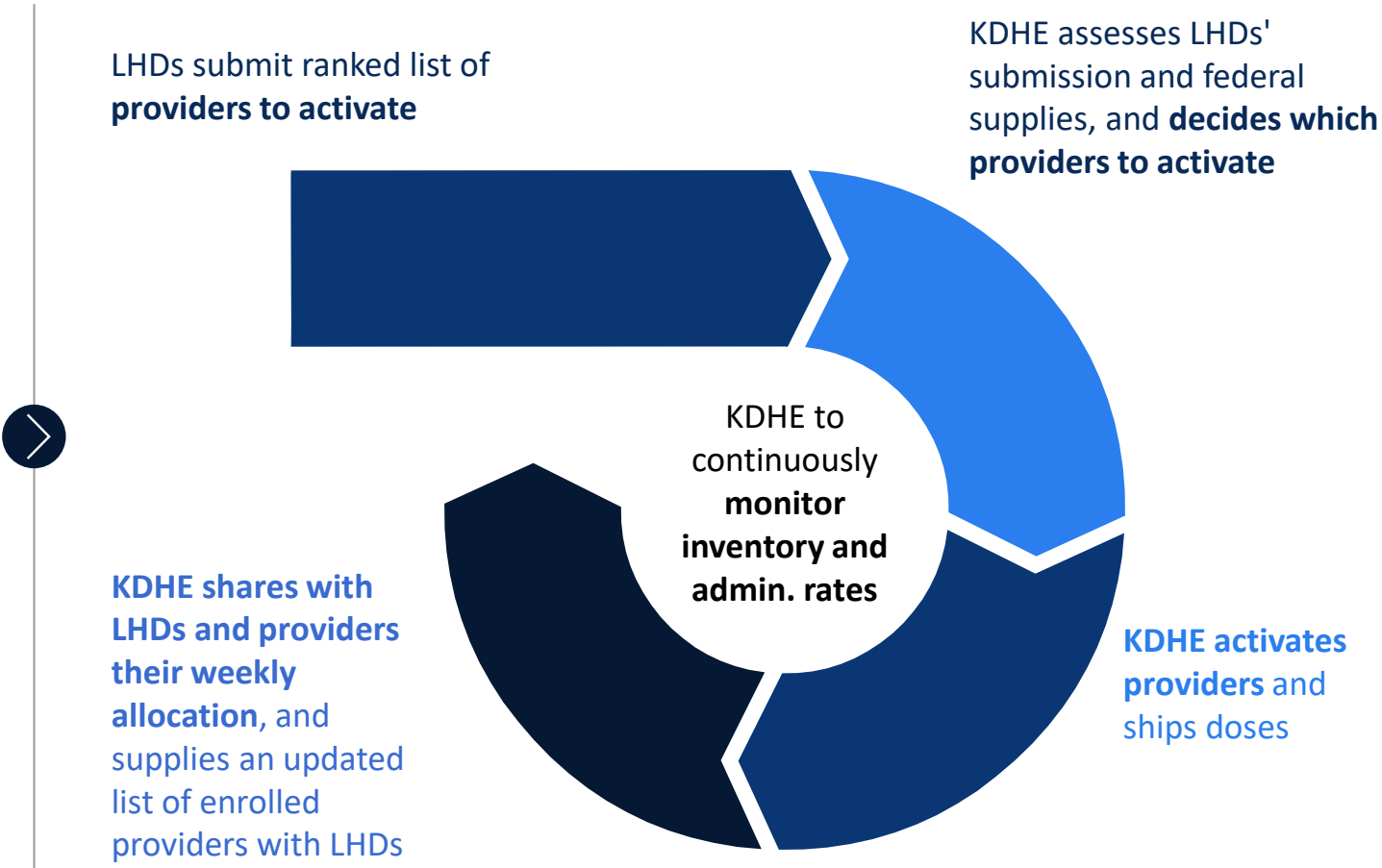
- KDHE will review plans and, whenever possible, follow the ranking order suggested by LHDs

Provider activation:

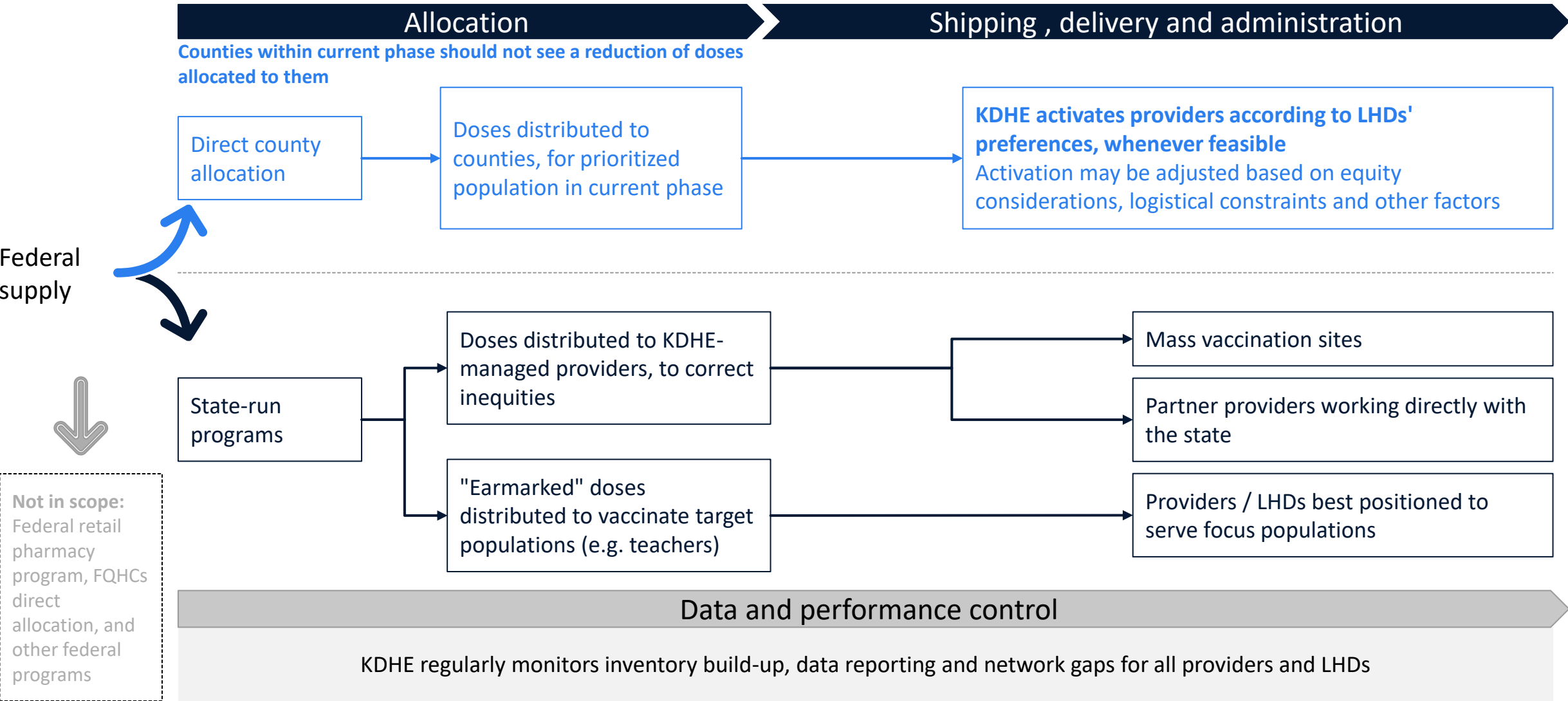
- KDHE will activate providers, considering federal allocation, other federal programs, as well as logistical constraints and equity priorities
- KDHE reserves the right to make the final decision on which providers to activate



Direct county distribution ongoing process – weekly cadence



Detail | Proposed operating model allows KDHE to address inequities in the network, while empowering LHDs to respond to local needs





Appendix 5: Collecting race & ethnicity data

Kansas collects race & ethnicity data for everyone vaccinated



What data is being collected?

For all vaccine doses being administered, patients should indicate their race & ethnicity, which are being grouped into the following categories:

- | Race: | Ethnicity: |
|---------------------------------------|-----------------------|
| • White | • Hispanic/Latino |
| • Black or African American | • Not Hispanic/Latino |
| • American Indian or Alaska Native | |
| • Asian | |
| • Native Hawaiian or Pacific Islander | |
| • 2 or more races | |
| • Other | |



How is this data being used?

KDHE uses race, ethnicity, age, & county data to inform its public health response to COVID-19; in particular, by:

- Tracking inequities in COVID-19 impact
- Monitoring inequitable access to COVID-19 vaccination
- Helping Kansans most at risk to receive vaccines
- Identifying opportunities to address barriers to care

Missing race & ethnicity data compromises KDHE's ability to achieve these goals

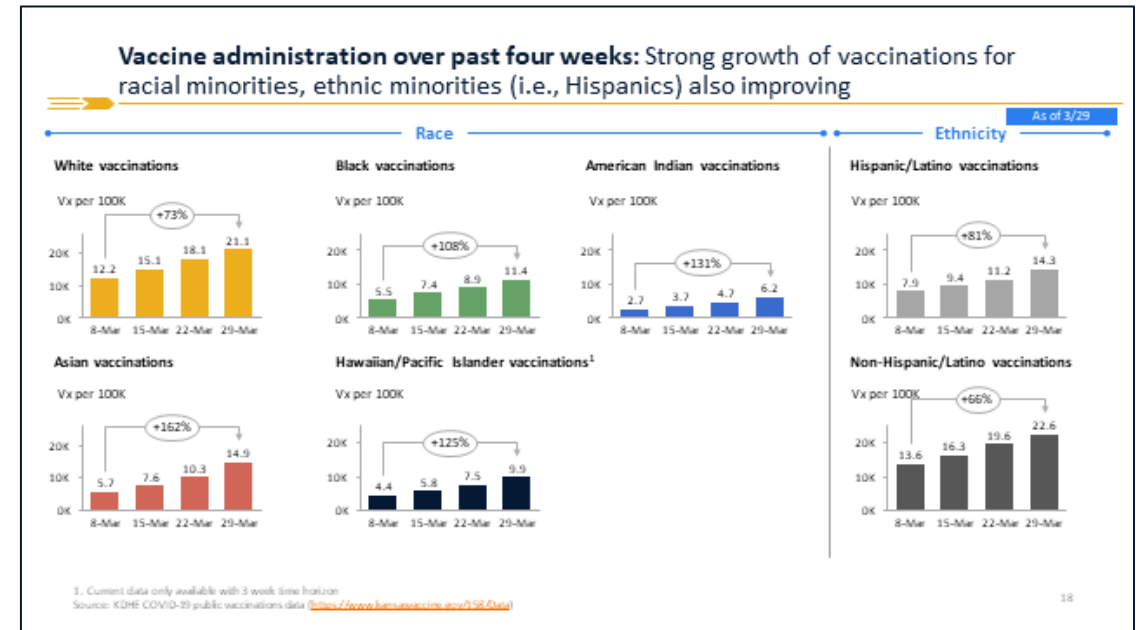
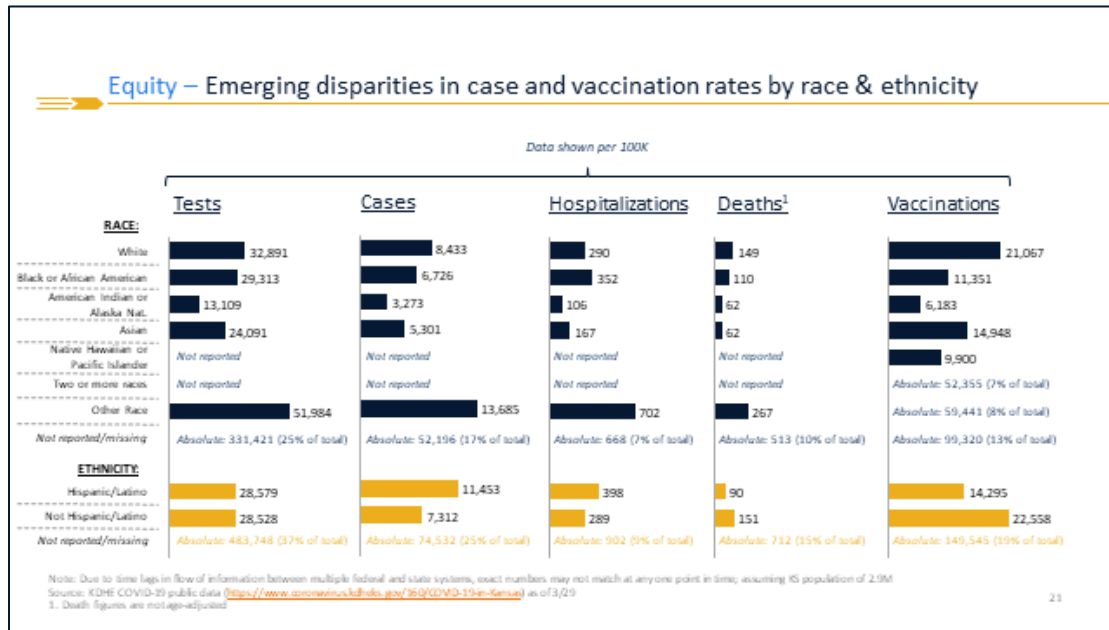
Collecting accurate race & ethnicity data is crucial to ensuring equitable vaccine distribution for all Kansans

Illustrative: KDHE analyzes COVID-related race & ethnicity data regularly to inform vaccination program

Illustrative

KDHE tracks progress on testing and vaccinations by race & ethnicity...

...as well as vaccination progress over time for racial and ethnic groups



Best practices for collecting patient demographic information

- **Demographic information must be self-reported by the patient. Ask patients the race(s) or ethnicity with which they identify. Never assume a person's race or ethnicity from observation, language spoken or name**
- Best practice is to **allow patients to self select race & ethnicity** directly on the consent form and in private
 - **Forms should list race & ethnicity options** (i.e., avoid open ended responses) – please [click here](#) to view and/or download KDHE's COVID-19 Consent Form for use ([Click here](#) for Spanish form)
 - Forms should indicate patients **may choose more than one race** and may indicate that they do not identify as one of the races indicated on the form
- If process does not allow for self-reporting, **ask these questions to determine a patient's race and ethnicity:**
 - **Which race or races do you identify with?**
 - Let the patient know they can identify more than one race or whether they do not identify with any options provided
 - If a patient selects "other," ask them to write-in the race(s) they identify as
 - **Do you identify as either Hispanic or Latino?**
 - If patients do not understand the terms Hispanic or Latino, you should share the Federal Government's definition:
The United States Office of Management and Budget defines “Hispanic or Latino” as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race
- Providers should **indicate "prefer not to answer" when a patient chooses to not disclose** their race or ethnicity, rather than leaving the response blank

Strategies to improve collection of patient demographic information

- **Ensure all patient-facing staff are trained** in best practices for collecting race & ethnicity data in a consistent way and are prepared to answer frequently asked patient questions¹
- **Explain why the data is being requested and how it will be used**; for example, explain that "your answers to these questions will help ensure we are serving all Kansans equitably, especially those hardest hit by the pandemic"
- Let patients know that the **same demographic questions are asked of every single patient**
- Clarify that the patient's **information is confidential**: everyone's demographic information is combined when shared publicly and is never used to track or identify an individual or stigmatize a community
- **Create safe and trusted spaces** to answer demographic questions, being thoughtful about:
 - Allowing patients to answer questions through written means rather than verbally
 - The presence of other people or law enforcement staff can affect how comfortable patients are disclosing personal information
- **Acknowledge that some patients may be reluctant** to share personal demographic information due to experiences with racism, racist practices and policies, or other traumatic experiences; do not apply pressure to share this information
- **Practice empathy and cultural sensitivity**; address language barriers through appropriate translation
 - Provide consent forms in multiple languages commonly spoken in your county
- Let patients know that **immigration status and criminal history are never asked**

1. Multiple resources exist to support training of staff in communicating and collecting race & ethnicity data; examples include [Agency for Healthcare Research and Quality](#); American Hospital Association: Institute for Diversity and Health Equity – [Deaf and Hard of Hearing Populations Toolkit](#) & [AHA Disparities Toolkit](#)